

STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY

John J. Barthelmes, Commissioner

Division of Fire Safety & Emergency Management OFFICE OF THE STATE FIRE MARSHAL

J. William Degnan, State Fire Marshal



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MODULAR BUILDING PROGRAM LABEL REQUEST FORM

Please type or print legibly			
Date:	Agency ID #		
Agency Name:			
Address:			
Citv:	State:	Zip:	
below), on consignment as they are used and/or	t for the State of New Hamp rissued to approved manufa	bels (serial numbers as noted shire, and forward \$50.00 per labe acturers. In addition, we will forwar in above indicating label inventory	ď
Number of labels requ	ested:		
Signed		Date:	
For Department Use C	Only:		
Date Received	Filled By	Date Filled	
Starting Number	Ending Number	Total Labels	